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2011 JUN -7 AM 8: 10

FEC FORM 2 STATEMENT OF CANDIDACY

(a) Name of Candidate (in full) Mr. Glenn Thompson		
· · · · · · · · · · · · · · · · · · ·		
(b) Address (number and street)Check if address changed 602 Walnut Street	2. Identification Number H8PA05071	
	3. Is This New Amended	
Howard Pennsylvania 16841	Statement (N) OR (A)	
4. Party Affiliation 5. Office Sought 6. State & District PA 05	ct of Candidate	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s). (year of election)		
NOTE: This designation should be filed with the appropriate office listed in the instructions.		
(a) Name of Committee (in full)		
Friends of Glenn Thompson		
(b) Address (number and street)		
PO Box 1112		
(c) City, State, and ZIP Code		
State College Pennsylvania 16804	<u>-</u>	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)		
 I hereby authorize the following named committee, which is NOT my principal campaign common candidacy. 	nittee, to receive and expend funds on behalf of my	
NOTE: This designation should be filed with the principal campaign committee.		
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(a) Name of Committee (in full)	·	
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(a) Name of Committee (in full)		
(a) Name of Committee (in full) (b) Address (number and street)		
(a) Name of Committee (in full) (b) Address (number and street)	d belief it is true, correct and complete.	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and	d belief it is true, correct and complete.	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and Signature of Candidate		
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and	Date	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and Signature of Candidate NOTE: Submission of false, erroneous, or incomplete information may subject the person signing	06/02/2011	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and Signature of Candidate	06/02/2011	
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.	
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
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(3/2005)	DATE PREPARED